

|  |  |   |   |                  |   |                          |   |               |   |          |  |          |  |                                   |  |   |
|--|--|---|---|------------------|---|--------------------------|---|---------------|---|----------|--|----------|--|-----------------------------------|--|---|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |  | Docket Number (Optional)<br>1819/100111 |   |                  |   |                          |   |               |   |          |  |          |  |                                   |  |   |
| <p style="text-align: center; margin: 0;"><b>CERTIFICATE OF MAILING</b></p> <p style="font-size: small; margin: 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p style="margin: 0;">Signature: _____</p> <p style="margin: 0;">Name: _____</p>  | <p>In re Application of Francisco Hideki et al.</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Application Number 09/692,923</td> <td style="width: 40%; border: none;">Filed 10/20/2000</td> </tr> </table> <p style="text-align: center; margin: 0;"><b>For SYSTEM AND METHOD FOR SCENE IMAGE ACQUISITION AND SPECTRAL ESTIMATION USING A WIDE-BAND MULTI-CHANNEL IMAGE CAPTURE</b></p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Group Art Unit 2612</td> <td style="width: 40%; border: none;">Examiner Timothy J. Henn</td> </tr> </table> |   | Application Number 09/692,923   | Filed 10/20/2000 | Group Art Unit 2612   | Examiner Timothy J. Henn |   |               |   |          |  |          |  |                                   |  |   |
| Application Number 09/692,923  | Filed 10/20/2000   |   |   |                  |   |                          |   |               |   |          |  |          |  |                                   |  |   |
| Group Art Unit 2612  | Examiner Timothy J. Henn   |   |   |                  |   |                          |   |               |   |          |  |          |  |                                   |  |   |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td> <td style="text-align: right;">\$ <u>510</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p style="margin-top: 10px;"><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.</p> <p style="margin-top: 10px;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p style="margin-top: 10px;">I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>Registration number if acting under 37 CFR 1.34(a) _____.</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center;"> <u>/Gunnar G. Leinberg/</u><br/> Signature </td> <td style="width: 50%; text-align: center;"> <u>September 18, 2007</u><br/> Date </td> </tr> <tr> <td style="text-align: center;"> <u>Gunnar G. Leinberg</u><br/> Typed or printed name </td> <td style="text-align: center;"> <u>(585) 263-1014</u><br/> Telephone Number </td> </tr> </table> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> |  |   | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) | \$ _____         | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) | \$ _____                 | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) | \$ <u>510</u> | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) | \$ _____ | <u>/Gunnar G. Leinberg/</u><br>Signature | <u>September 18, 2007</u><br>Date | <u>Gunnar G. Leinberg</u><br>Typed or printed name | <u>(585) 263-1014</u><br>Telephone Number |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)  | \$ _____   |   |   |                  |   |                          |   |               |   |          |  |          |  |                                   |  |   |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)  | \$ _____   |   |   |                  |   |                          |   |               |   |          |  |          |  |                                   |  |   |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)  | \$ <u>510</u>  |   |   |                  |   |                          |   |               |   |          |  |          |  |                                   |  |   |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)  | \$ _____   |   |   |                  |   |                          |   |               |   |          |  |          |  |                                   |  |   |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)   | \$ _____   |   |   |                  |   |                          |   |               |   |          |  |          |  |                                   |  |   |
| <u>/Gunnar G. Leinberg/</u><br>Signature   | <u>September 18, 2007</u><br>Date  |   |   |                  |   |                          |   |               |   |          |  |          |  |                                   |  |   |
| <u>Gunnar G. Leinberg</u><br>Typed or printed name   | <u>(585) 263-1014</u><br>Telephone Number  |   |   |                  |   |                          |   |               |   |          |  |          |  |                                   |  |   |
| <input type="checkbox"/> Total of _____ forms are submitted.   |  |   |   |                  |   |                          |   |               |   |          |  |          |  |                                   |  |   |

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